



**WORKFORCE INNOVATION AND OPPORTUNITY ACT**  
**ETPL QUARTERLY REPORTING EXEMPTION CLAIM**

**CONTACT INFORMATION**

Institution Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**EXEMPTION CLAIM CATEGORY**

Specify which category of exemption your institution seeks to claim for the WIOA quarterly reporting obligation.

**Exemption 1: We are a New WIOA Provider**

**Date Approved** \_\_\_\_\_

The Local Workforce Development Board approved our initial WIOA application during the reporting quarter, and we did not receive a WIOA student during that period.

**Exemption 2: We Have Yet to Receive a WIOA Student**

Our institution has **NEVER** received a WIOA Student.

Our institution has received WIOA funding in the past, but we have not received a new WIOA student and we currently do not have any enrolled WIOA students.

**SIGNATURE**

*By signing and submitting this form (electronically or via the mail) you are acknowledging that all of the information presented is accurate and not fraudulently reported.*

**Electronic Signature (for Electronic submissions)**

Yes      No      Date: \_\_\_\_\_

*If submitting this form by mail, then a signature is required below.*

X \_\_\_\_\_

Date: \_\_\_\_\_

**VERIFICATION**

*This form should be submitted to the State of Tennessee for your quarterly performance reports until none of the categories exemption above reflects your institution. If a provider intentionally submits a false exemption claim, the institution will be removed from the Eligible Training Provider List for a period of 4 consecutive quarters.*